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FACSIMILE TRANSMITTAL SHEET

TO: Mail Stop Reissue – Group Art Unit: 3731

FIRM/COMPANY: U.S. Patent and Trademark Office

FACSIMILE NUMBER: 571.273.8300

**CONFIRMATION
TELEPHONE:**

FROM: Anne Marie Leavy-Ghazi for Edward J. Lynch

DIRECT DIAL: 415.957.3017

DATE: April 25, 2006

USER NUMBER: 5121

FILE NUMBER: Docket No. R0372-00101

TOTAL # OF PAGES: 10
(INCLUDING COVERSHEET)

MESSAGE: Attached is a Third Preliminary Amendment in connection with Reissue Application Serial No. 10/620,154, filed July 15, 2003.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE REVIEW OF THE PARTY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY TELEPHONE THE SENDER ABOVE TO ARRANGE FOR ITS RETURN, AND IT SHALL NOT CONSTITUTE WAIVER OF THE ATTORNEY-CLIENT PRIVILEGE.

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APR 25 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue application for

Patent No.: 6,261,291

Issued: July 17, 2001

Inventors: Talaber et al.

Reissue Serial No.: 10/620,154

For: **ORTHOPEDIC IMPLANT
ASSEMBLY**

Examiner: Not yet assigned

Group Art Unit: 3731

Atty. Docket No.: R0372-00101

TRANSMITTAL

Filed: July 15, 2003

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (571) 273-8300, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 25, 2006, in San Francisco, CA.

Anne Marie Leavy-Ghagh
Anne Marie Leavy-Ghagh

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is a Third Preliminary Amendment.

2. Claim Fee Calculation

No additional claim fee is required.

X

Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	16 - 12 =	4 x	\$100=	\$400
Total Claims	2202	105 - 80 =	25 x	\$25=	\$625

Total Fees Due... \$1,025

3. Payment of Fees

Enclosed is a check for the total fees due in the amount of ____.

X

The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0372-00101.

A duplicate copy of this request is enclosed.

By: *Edward J. Lynch*

Edward J. Lynch

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APR 25 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application for)	Examiner: Not yet assigned
Patent No.: 6,261,291)	Group Art Unit: 3731
Issued: July 17, 2001)	Attorney Docket No.: R0372.00101
Inventors: Talaber et al.)	
Reissue Serial No.: 10/620,154)	<u>THIRD PRELIMINARY AMENDMENT</u>
For: ORTHOPEDIC IMPLANT ASSEMBLY)	
Filed: July 15, 2003)	

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-8300 and addressed to Mail Stop Reissue,
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 4-25-06 in San Francisco, CA.

By 

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THIRD PRELIMINARY AMENDMENT

Dear Sirs:

Please preliminarily amend the above identified reissue application as follows.

04/26/2006 TL0111 00000050 041679 10620154

01 FC:2201	400.00 DA
02 FC:2202	625.00 DA